

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D.,

} Editors.

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LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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LOUISVILLE, MARCH 18, 1882.

No. 11.

J. W. HOLLAND, A. M., M. D., }
H. A. COTTELL, M. D., } Editors.

RAPID REDUCTION OF WEIGHT BY EXERCISE AND FREE PERSPIRATION.

A non-professional friend of ours stopping in Chattanooga, Tenn., on the 1st inst., determined to make the trip to Lookout Mountain and return, on foot. He knew that this tour would involve some violent physical effort, which under the warm air of an early spring day in that latitude would produce abundant perspiration; and being curious to note the effect of this in bringing about shrinkage of the body, he weighed himself just before starting. The time was eleven o'clock A.M.; his weight was 150½ pounds. He set out at once, and reaching the mountain ascended that side which faces the city. He was told by some of the dwellers about its base that the mountain could not be climbed from this point; but nevertheless he made the attempt, and succeeded in reaching the summit after a difficult and dangerous ascent.

He rested on the mountain-top for about one hour, and then retraced his steps, reaching the city at four o'clock P.M. His weight (by the same scales) was now 146½ pounds. Thus it will be seen that he had lost four pounds in weight in five hours, or, throwing out the one hour of rest, he had lost for each hour of exercise one pound in weight. This was something of a surprise, for though he had sweat profusely during the journey, he had supposed that the loss thus sustained had been made good by copious draughts

of water taken on the mountain and during his return to the city.

Pursuing the investigation still further, he weighed himself next morning at eight o'clock, when he found that he had regained three of the lost pounds (his weight then being 149½ pounds), and at three o'clock the same day he had recovered the weight he had at starting, or 150½ pounds. This last had been his unvarying weight for a number of weeks preceding the experiment.

Dalton estimates the average amount of watery exhalation through the skin and lungs combined at rather more than three pounds per day, but further observes that during violent exercise the amount of perspiration discharged has been known to rise as high as five thousand or six thousand grains per hour, and that Southwood Smith had noted in men employed in heated gas-works a loss by both cutaneous and pulmonary exhalation of three and a half pounds' weight in less than an hour. By comparing the observations under review with the above statements it will be seen that the loss in this case exceeds Dalton's total estimate of pulmonary vapor and perspiration passed off in twenty-four hours by one pound, and the maximum amount of perspiration per hour (vapor escaping by lungs not here noted) discharged during violent exercise by one thousand grains. (The avoirdupois pound contains seven thousand grains.)

Smith's observation need not be taken into account here, as the circumstances under which the loss of three and a half pounds per hour occurred were extraordinary and did not obtain in this case.

Dalton says nothing, however, as to the time required for weight thus lost to be regained, and other authorities, so far as we have been able to consult them, are also silent upon this point. The observation in this connection may therefore have some possible scientific value.

However viewed we can but regard the incident as a very clever amateur experiment, and record it for what it is worth, with the hope that it may encourage others to make simple physiological observations upon themselves as opportunity offers, thereby confirming the statements of scientific authorities, if they do not, perchance, add any thing to the sum total of physiological knowledge.

DEFINITION OF MISCARRIAGE.

The British Med. Journal says: "It should be clearly understood by all medical men that the term miscarriage is a legal one, meaning the premature expulsion of the ovum or fetus at any period of gestation short of the full period of nine months."

This piece of advice is called forth by the conduct of an English surgeon, who applied the word to labor at full term in answer to a question asked by the brother of a woman whom the surgeon had been called to attend, and who afterward found himself implicated, at the Leeds Assize, in a case of unlawful concealment of birth.

In admitting at the trial that he had used the word miscarriage carelessly and improperly the surgeon showed so much hesitation that the judge threatened to commit him if he did not answer the question, and his costs were disallowed. In addition to the rebuke of the judge, the jury appended a rider to their verdict, in which they reflected upon the capacity of the surgeon. This act was regarded as a gratuitous insult by the English secular and medical press.

We are unable, from the comment given in the journal from which we quote, to gather all the facts bearing upon it, but judge that the case was one in which the good name

of the woman concerned was at stake; which being true the term of obscurity employed by the surgeon was justifiable in the eye of the higher law.

Those laws which compel a medical man to appear, and upon pain of imprisonment force him to divulge in open court the secrets of which he necessarily becomes possessed through his professional relations to his patient, are a relic of barbarity, a disgrace to the Code, and should be erased from the statute-books of all enlightened nations.

A VISITATION OF GOD.—At a coroner's inquest held in Cornwall recently over a person who had died without a medical attendant, and under somewhat questionable circumstances, the death was attributed to "a visitation of God." This verdict, though primarily true, may be regarded as rather too general for the exacting spirit of this age of science and secondary causes, and it is wisely suggested that in all such cases a medical man should be required to attend and a post-mortem examination ordered.

Original.

CASE OF CONGENITAL HERNIA, STRANGULATED, IN A CHILD OF FOUR MONTHS. OPERATION—RECOVERY.

BY AP MORGAN VANCE, M.D.,*

Late Intern, Hospital for Rupture and Crippled, New York; Orthopedic Surgeon to Kentucky Infirmary for Women and Children.

"Baby" S., male, aged three months, was referred to me by Dr. George W. Griffiths, December 13, 1881, for special treatment. I found a right oblique inguinal hernia complete, the size of an English walnut, reducible and easily retained by a truss, which was applied, and a second one furnished. The mother was taught to apply the instrument properly and full directions given as to her part in the treatment.

I saw the case once a week, and it was progressing nicely up to January 12, 1882, when

* Read before the Louisville Medico-Chirurgical Society, February 10, 1882.

the mother brought the baby to my office with this report: Two days before the pad had produced a little redness, and she had removed the truss, as the child cried. That morning, after a fit of crying, she could not reduce the hernia, and had been trying to do so all day.

It was three o'clock in the afternoon when I saw the patient. The child was in a kind of stupor, crying out sharply at intervals. I found the hernial tumor very hard and tender, the child only rousing thoroughly when it was handled. After a few moments' gentle taxis I decided it could not be reduced by this method alone. I sent the patient home, and within a very few minutes, with the assistance of Dr. Cecil, chloroform was administered. This was not taken kindly at all, though complete anesthesia was produced. Reduction was still impossible. The tumor was very hard, and after a thorough trial of taxis it was decided that an operation was the only resort; and, as the child was showing signs of much exhaustion, the sooner it was done the better. Dr. Griffiths was telephoned for, and within half an hour after the child had left the office I cut down on the tumor, Dr. Cecil again giving the anesthetic, the child's breathing during the whole time being very bad. The sac was quickly exposed, two or three strokes of the knife dividing skin and fat almost to the sac, when the remaining structures were divided upon a director, partly with the knife and partly with the finger-nail. An artery of considerable size was divided, bleeding being controlled instantly by a Sabine forceps. This was removed in a moment, and no further hemorrhage occurred. The sac was very dark with a grayish tinge. The constriction at the neck of the sac was so tight that the smallest probe could not be introduced. It was impossible to use an ordinary hernia knife to relieve the constriction. So after teasing the end of a small director into the canal a very little way, I slipped along it the smallest probe-pointed knife I had, and made a slight nick directly upward; the director was removed, and with a gurgling sound the protrusion ascended. The sac was not opened. No antiseptic precautions were used, except that the instruments and sponges were placed in a two-and-a-half-per-cent solution of carbolic acid. Four or five sutures were introduced, the edges of the wound being brought evenly together. A wet compress and bandage finished the dressing.

The patient suffered little or no shock,

and was nursing in a few hours. The bowels acted in four hours naturally. On the third day the stitches were removed. The wound was healed almost entirely. There was a short space near its center that granulated, and a little pus came from the stitch holes for a few days. There was little or no constitutional disturbance, the temperature remaining about normal; once, on the evening of the fourth day, it went up to 100.8° Fahr.

Strangulation rarely occurs in herniæ of patients so young as this. I have seen but one other case, in an infant of six months, operated on by Dr. Dennis, of New York, and reported in a paper* on hernia in children, by Edward Swasey, M.D. I have seen the report of a case operated on by Mr. J. M. Cotterell, of Edinburgh, in the *British Medical Journal*, March 21, 1881. This child was but two months of age. In both cases the sac was opened, and both resulted in radical cures. I have the little patient here tonight and will let you judge as to the cure in this case. I think it is yet too early to decide this question. A soft truss will be continued for some time.

LOUISVILLE.

[The patient was then examined by the members of the society. During the examination while the supports were off the prepuce was handled, and the child had a severe fit of crying. This was a fair test of the radical cure of the hernia. There was not even an impulse at the site of the wound.]

DISCUSSION.

Dr. Cecil remarked that though the operation in this case was admirably done, and under circumstances a good many of which were unfavorable—viz. the patient being remarkably fat, rendering procedure difficult and uncertain, the extremely tender age, and the bad exhibition of the anesthetic—the ultimate success depended largely upon the fact that as soon as it was decided to cut no time was lost. In this class of cases, as in tracheotomy, whenever the indications for surgical interference are present the sooner the operation is performed the better. Indeed many cases are lost from failure of prompt action. Doubtless in this instance, as the sac had already become very dark, a delay of a few hours would have made a marked difference in the ultimate result.

* *Amer. Jour. of Obstetrics and Diseases of Women and Children*, July, 1880.

Correspondence.

A COMPARATIVE TEST OF THE EFFICIENCY OF BOVINE AND HUMANIZED VACCINE VIRUS.

Editors Louisville Medical News:

As my experience as a vaccinator may be somewhat different from that of others, I report it.

As soon as the smallpox scare became thoroughly established, and the Indiana vaccination-rules well known, I sent for two packages of animal virus points, and vaccinated fourteen children, none of whom had ever been vaccinated. Of these fourteen children not one had a vesicle. I then sent for a patent lymph-cone of the New England Vaccine Co., and vaccinated about thirty. Of these thirty, none of whom had ever been vaccinated, twelve had three genuine vesicles apiece and two one apiece. I next sent for five quills to the Pennsylvania Vaccine Farm, and vaccinated five healthy children. Of these five three had spurious sores, and of course none of these could be considered protected from smallpox. The remaining two children—one seven years old, the other eleven—had each three of the finest vesicles I had ever seen. I watched them very closely, and took especial care that the children were well nursed, and that the vesicles were not destroyed by rubbing or scratching. The six vesicles furnished five scabs of a mahogany color, round in form, and tough and hard in consistence. Because I had such unsatisfactory results from the bovine virus, and as these scabs could be relied upon, I concluded to try them. Dr. J. A. Sieber and myself vaccinated two hundred and twenty-seven persons with the humanized virus. Of the two hundred and twenty-seven, one hundred and ninety had never been vaccinated, and of the remaining thirty-seven all had been successfully vaccinated, three of them twice. Those whom I had vaccinated before with the bovine virus, and on whom it did not take, are included in the above two hundred and twenty-seven. Of all these we re-vaccinated only one, the others all taking.

It was reported in the surrounding country that our poison was almost too strong, according to the popular notion, and on account of this report I sold one of my scabs to a colleague for three dollars.

My method of vaccinating is to make scratches with a dull lancet deep enough to

just allow the blood to ooze out, and then to apply plenty of the lymph, made by rubbing up a piece of scab with water. I allow the blood and lymph to dry for at least ten minutes before putting on the clothes.

I shall in the future continue to vaccinate healthy children, in whose blood no taint of syphilis or scrofula can be found, with the best bovine virus that I can get. Probably I shall choose that of the Pennsylvania Vaccine Farm. Of the scabs that are produced I shall choose those which are symmetrical, hard and tough, and of a mahogany color. With these scabs I shall vaccinate those who leave to me the choice of virus. My experience as above chronicled justifies this.

E. J. KEMPF, M.D.

FERDINAND, IND., February 17, 1882.

MISCARRIAGE PREVENTED BY VIBURNUM.

Editors Louisville Medical News:

At 12 o'clock, on the 10th of January, I was sent for in haste to see Mrs. A. Upon my arrival I found her lying across the bed, with an anxious countenance, pale, and suffering from very severe pains in the lower portion of the abdomen; pulse quick and feeble. She stated that two days before she had been seized with a cutting pain in the lower part of the bowels, which passed away in a few hours, and had not troubled her since till about two hours before my arrival. Then, while sitting in a chair, it suddenly returned, and with it a great gush of blood, saturating her clothes and the floor. She had had a miscarriage about six years ago, and thought she was in her third month of pregnancy.

An examination revealed the os low down in the pelvis, dilated to the size of a five-cent piece, and a considerable amount of hemorrhage going on. Hoping to avert an abortion, I had her placed in bed and enjoined perfect quiet, giving large doses of morphia without benefit, when I concluded to try the fld. ext. of viburnum prunifolium, giving it in dram doses hourly. After the third dose the hemorrhage ceased, the pains grew less severe, and at 10 o'clock that night I left her sleeping.

The next day I found her better, the pains being very slight, with no signs of hemorrhage, but with some uterine tenderness. I then reduced the dose of the viburnum and lengthened the intervals of administration.

At the next visit I found her much better and quite cheerful. I prescribed mur. tinct.

of iron. Since she has gotten entirely well and bids fair to go to full term.

The only bad effect of the large doses of viburnum was a slight nausea, which minute doses of vin. ipecac. quickly relieved.

C. B. TURNER, M.D.

SNICKERSVILLE, VA., February 12, 1882.

Books and Pamphlets.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR 1881.

MORAL (AFFECTIVE) INSANITY. By C. H. Hughes, M.D., St. Louis, Mo. A reprint.

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY, NEWPORT, 1881. Dr. Richard H. Derby, New York, secretary.

AN AID TO THE MECHANICAL TREATMENT OF WEAK ANKLES AND INVERTED FEET. By Chas. F. Stillman, M.D., of New York. Reprint. 1881.

VASCULAR TUMORS OF THE FEMALE URETHRA, with the Description of a Speculum devised to facilitate their removal. By A. Reeves Jackson, A.M., M.D., Chicago, Ill. Reprint.

OBSERVATIONS ON THE PART THE OBSTETRICAL FORCEPS PLAYS IN THE INDUCTION AND PREVENTION OF PERINEAL LACERATIONS. By Thomas A. Ashby, M.D., etc. Reprint.

MISSISSIPPI VALLEY MEDICAL MONTHLY. Editors—N. C. Boteler, M.D., F. C. Hoyt, M.D., St. Joseph, Mo. Vol. I, No. 2.

Beside the gentlemen above named, this journal has a corps of seven associate editors. The number before us contains two very readable original articles, a number of judicious selections, and many interesting items of medical news.

MINNESOTA MEDICAL MIRROR: A Monthly Journal of the Progress made in Medicine, Surgery, and Pharmacy. Edited and published by N. M. Cook, M.D., Cambridge City, Minn. Vol. I, No. 3.

Another medical journal from Minnesota! Medicine in the Northwest is advancing. The number before us makes a neat appearance and is full of excellent reading-matter. We welcome it to the guild.

THE MEDICAL REGISTER. Vol. I, No. 1. A Record of the Literature of Medicine and Allied Sciences. Issued monthly. Philadelphia: P. Blakiston, Son & Co.

The American Specialist has been discontinued, and the publishers, in place of it, bring out the Register, which will be devoted in the main to the discussion of books and other current medical literature. Though all medical journals devote considerable space to books, none of these can notice every thing published. The Register aims to do this. The endeavor is praiseworthy, and the new venture deserves success.

Formulary.

NEW METHOD OF EMBALMING BODIES AND PRESERVING TISSUES.

Dr. Virodtxeff (*Balsamirovanie*, St. Petersburg) recommends the following preparation as an efficient agent in the embalming of bodies and the preservation of tissues:

Thymol.....	5 parts;
Alcohol.....	45 "
Glycerin.....	2,160 "
Water.....	1,081 "

It is cheap, innocuous, free from unpleasant odor, possesses the property of keeping the body soft, elastic, fresh, and lifelike, and does not ruin instruments. Thymol is selected as being superior to other antiseptics, and glycerin is added, both on account of its own preservative qualities and to retard the evaporation of the fluid. For the preparation of tissues the same solution is employed. If the cadaver be quite lean or the tissues very delicate, equal parts of water and glycerin (1,620 of each) are combined with the above quantities of thymol and alcohol. To inject a body half its weight of the fluid is necessary. A properly embalmed cadaver may be preserved indefinitely under ordinary circumstances, gradually shrinking and mummifying without putrefaction. Specimens are either to be injected with or macerated in this fluid. Maceration must not be too prolonged; the appearance of the specimen should act as a guide. The part, after having been thoroughly cleansed with water and prepared, may then be exposed for months to the air without losing its consistency, form, and color. Permanent specimens may be inclosed in a hermetically sealed glass vessel containing a little of the same solution. Dr. Peabody has used this preserving fluid with excellent results in the New York Hospital Museum.—*Western Med. Rep.*

TREATMENT OF DIPHThERIA BY CYANIDE OF MERCURY.

Dr. Rothe (*Deutsche Med. Wochen.*) reports thirty-four cases of diphtheria successfully treated. He uses the cold pack, hourly changed, thrice daily, rapid penciling of the gums, etc. with the following:

Acid. carbolic.....	1 part;
Spir. vini. gal.....	1 part;
Tinct. iodini.....	1 part;
Glycerin.....	5 parts.

Internally the following:

R Hydrarg. cyanid.....	gr. $\frac{1}{2}$;	0.015 Gm.;
Aquæ destillat.....	fl. $\frac{3}{4}$ iv;	120.00 fl.Gm.;
Tinct. aconiti.....	℥ xv;	1.00 fl.Gm.

Sig. Dessertspoonful every hour. For young children the dose is to be proportionally diminished.

SOLVENT FOR PSEUDO-MEMBRANES.

Dr. L. Elsberg, of New York, has found bromine to be the best solvent for pseudo-membranes. He uses the following formula:

Bromine.....	gr. j;	0.06 Gm.;
Potassium bromide.....	℥ j;	4.00 Gm.;
Water.....	fl. $\frac{3}{4}$ j;	30.00 fl.Gm.

M. Sig. Pour into a cone and inhale the fumes. It does not produce irritation.—*J. B. M.*

APTHOUS SORE MOUTH IN INFANTS.

Prof. Wallace (College and Clinical Record) recommends the following:

R Sodii sulphitis..... gr. xxx; 2.00 Gm.;
Glycerinæ } aa $\frac{3}{4}$ ss; 15.00 fl.Gm.
Aque..... }

M. To be used on a swab every two hours. Scrupulous cleanliness is required when a nursing-bottle is used. The rubber nipple should be turned inside out after each using, washed clean, and kept in a solution of baking-soda until again needed. It is better to have two nipples, and to use them alternately. Milk must not be allowed to stand in the bottle till it grows sour.

CHLORIDE OF GOLD AN ALLEGED CURE FOR DRUNKENNESS AND THE OPIUM-HABIT.

R Auri chlor..... gr. j; 0.06 Gm.;
Aloin gr. ij; 0.12 Gm.;
Tint. cinchonia comp... fl. $\frac{3}{4}$ iij; 90.00 fl.Gm.;
Aque, add q. s. to..... fl. $\frac{3}{4}$ iv; 120.00 fl.Gm.

M. Sig. A teaspoonful after each meal.

A mixture similar to the above, known as the Double Chloride of Gold Cure for Drunkenness and the Opium-habit, is sold at five dollars a pint.

ELIXIR OF PANCREATIN.

The following formula has been recommended:

Pancreatin..... gr. ccc; 19.44 Gm.;
Bicarb. of sodium..... gr. xl; 2.66 Gm.;
Water..... fl. $\frac{3}{4}$ iv; 120.00 fl.Gm.;
Simple elixir, q. s. ad.. fl. $\frac{3}{4}$ xxxij; 46.38 fl.Gm.

Macerate the pancreatin in the water for twenty-four hours; then add the bicarbonate of sodium and triturate until it is dissolved, gradually adding the elixir. Finally filter.—*New Remedies*.

Pharmaceutical.

THE ADMINISTRATION OF IRON.—The tendency on the part both of prescribers and large drug manufacturers is to combine iron with other tonics, in the form of syrups, elixirs, and wines of iron and quinine, iron and strychnia, iron, strychnia and pepsin, and so on *ad infinitum*. The combinations with pepsin are a shameful waste of this valuable remedy, and well calculated to bring it into disrepute. None of the others above mentioned should be used for or in any gastric derangement, except with due regard to the time of administration. The most suitable time to give iron is one hour before meals, or four hours afterward.—*A. W. Perry, M.D., in Western Lancet*.

DOSE OF FLUID EXTRACT OF ACONITE.—*New Remedies* says: We do not remember to have seen more than two minims administered at a dose. But this does not prove

that an intelligent physician, in certain cases, may not find a much larger dose proper and necessary. It is recorded that three drops of "a saturated tincture of aconite," in one case, have produced alarming symptoms (see *Nat. Dispens.* under "Aconitum"). On the other hand, Sachs and Dulk (*Handwörterbuch d. praktischen Arzneimittellehre*, i. 182) give the dose of the powder as five to fifteen grains (which would correspond to five to fifteen minims of the fluid extract), and the dose of the extract as one to six grains (!) twice daily, which latter quantity we consider as *positively dangerous*. At the time when these authors wrote, pharmaceutical extracts were made much more carelessly than now, and were often rendered almost inert by protracted exposure to heat.

I REGARD bromidia as a most excellent and reliable preparation.—*E. R. Palmer, M.D., Prof. Physiol. and Phys. Diag., Univ. of Louisville*.

Miscellany.

"OVARIAN COMPRESSION."—Since Professor Charcot's description of cases in which compression of the inguinal region was associated with development or termination of an hysteroid attack this association has been elevated to an immense importance, and the ovary has been enthroned in a position of almost absolute dominion over the female organism; the old dictum, "*propter uterum solum*," has been altered into "*propter ovarium solum*" without question; and writers of text-books have vied with each other in paying homage to this small but omnipotent piece of tissue. Strangely enough this homage has had for one of its results the wholesale elimination of the monarch from her dominions, and both medical literature and the museums teem with ovaries "out of place," the victims of spaying. It is worth noting that M. Charcot speaks with far more caution than his followers, for he says (*Maladies du Système Nerveux*, second edition, Paris, 1875, page 286): "Je pense que c'est l'ovaire qui est en jeu. Quoi qu'il en soit de son siège exact, cette douleur, que j'appellerai *hyperesthésie ovarienne*, est jusqu'à un certain point pathognomonique." We have before now expressed our opinion that the connection is founded on a very uncertain basis, for there is no good evidence that in any of the cases in question the ovary

was compressed at all. It is interesting to learn that even the phenomena are, in England at least, far from constant. Dr. Gowers (*Epilepsy*, 1881, page 143) says, "The crucial test of Charcot—compression of the ovaries—is rarely successful in this country. An attack can scarcely ever be thus induced; and although it may sometimes be arrested by this means, the effect is not sufficiently constant to possess any diagnostic value." Again (page 159): "Ovarian compression, which is so effective in inducing and in cutting short the attacks of hysteroid-epilepsy at the Salpêtrière, often, as already stated, fails to produce a marked effect in patients in this country, although ovarian tenderness is by no means uncommon. In such patients evident distress, choking sensations, and even the feeling by which attacks are heralded may be produced by compression of the tender ovary, but I have never known such pressure to produce an actual attack." Again (page 160): "In the case of hysteroid attacks just described, in which the attacks were arrested by a ligature round the arm, Dr. Wilson on one occasion tried also ovarian compression. At first it had no effect, but after repeating it in several attacks he found that it did arrest them, but even then less readily than compression at the epigastric region. At a subsequent time, however, the ovarian compression had no influence." The effect of M. Charcot's wrappings has been wide and far reaching; whether the work of Dr. Gowers will be equally so remains to be seen. We are not sure that it will be so, for experience shows that it takes little to start a new operation, but a great deal to stop it. In other words, that "impulsive" literature is more generally, surely, and rapidly read than "inhibitory." At any rate the first sign of the spread of Dr. Gowers's experience will be, we take it, a diminution in the number of ovaries presented to the museums.—*London Lancet*.

DIABETES.—Prof. Eckhard (*Glasgow Med. Journal*) has made a series of experiments which confirm the opinion previously expressed, of *Musculus* and others, that the urine of animals under the influence of chloral hydrate never contains sugar.—*J. B. M.*

A NEW SYMPTOM OF DIABETES.—Dr. Magillot claims, as the result of many examinations of diabetics, that a peculiar osteo-periostitis of the alveolar border of the jaw is an early and pathognomonic sign of diabetes mellitus.

MEDICO-LEGAL IMPORTANCE OF INJURIES TO THE NAILS.—The *Journal des Sciences Méd.* contains the following:

In the researches made by Bean on the growth and development of the nails he studied the semeiological importance of the furrows, or depressions which are observed in a number of diseases, especially in febrile affections, and he called attention to the medico-legal importance which those furrows would have in a case where the accused might have some interest in concealing the existence of an anterior disease, the date, duration, and details of which could thus be established. The medico-legal value of those suggestions has lately, and for the first time, been put to practical test by Mr. Contagne.

A burglary was committed during the night of October 28th, and owing to various traces it was evident that the thief had wounded one of his fingers. A month later three men were arrested on suspicion of having done the deed. On examination Mr. Contagne found that one of these men bore marks on the medius finger of the right hand of a lesion of the nail, consisting in a scar about midway of the nail, caused, no doubt, by a wound upon its external half, which, while serious enough to have severed the connection of that organ with its matrix had healed without entailing any necessity for a new nail, and after a time had only left a scar, due to imperfect nutrition. During the examination the accused evinced great uneasiness, and affirmed that the scar was the result of a wound from a stone received six months prior. The fallacy of this explanation was, however, evident.

It is known that the average growth of the nails upon the index, the medius, and the annular fingers is four millimeters per month.

At a second examination made on the 30th of December the distance between the lower edge of the scar and the lunula was found to measure eight millimeters, consequently a wound at the base of the nail two months earlier, the date of the burglary, could have caused the scar; in other words, assuming the growth of this man's nails to have been normal, the scar indicated an injury received since, but not prior to two months.

Three other measurements were made at monthly intervals so as to prove beyond a doubt that the man's nails grew in a normal manner, and it became thereby possible to overthrow his entire system of defense.—*Med. and Surg. Reporter*.

DISINFECTION OF CLINICAL THERMOMETERS.—Arthur Flint, F.R.C.P., Lond., writing to the London Lancet, condemns the practice of placing the thermometer under the tongue, and advises physicians to make a point of taking the patient's temperature in the axilla if over the age of puberty, if under that age between the scrotum (in males) and adducted thigh, and in an infant by the rectum.

The practice of placing the instrument under the tongue should be discontinued, first, because it is distressing to most patients, who are afraid of either biting it, breaking it, or swallowing it; second, time is saved, because during the working of the instrument in other sites symptoms may be discussed by both patient and physician; third, because the risk of conveyance of infection is greater when the instrument is thus placed than in any other situation. He counsels careful cleansing of the instrument after each application in any contagious or infectious disease, and suggests that a bottle having a cushion on the under surface of its stopper and also at its bottom might be devised and kept supplied with some disinfecting fluid in which the thermometer would be immersed during the intervals of its employment, and thus rendered incompetent to the spreading of contagion. He admits, however, that cleanliness, being the nearest to antisepticism, might be sufficient for a small glass instrument.

THERE is a steady immigration of young physicians from all parts toward Kansas. The secret of it is the new liquor-law. Liquors are only sold upon physicians' prescriptions. Half a dollar is charged for prescribing two gills of whisky; and as the average Kansas man drinks in the neighborhood of a quart a day, there is a probability that the doctors will soon have all the money in the State.—*The Druggist*.

[We know of a number of physicians who have gone to Kansas during the last year; but from the promptness with which most of them have packed up and left for other parts, after trying it for a few months, we are led to believe that the old stagers, with a few of the new-comers, have succeeded in cornering the whisky-prescription business in that State.]

PROF. KUNDRAT, of Gratz, will, it is said, be appointed to the chair of Pathological Anatomy in Vienna, formerly occupied by Rokitansky.

GASTROSCOPY AND ESOPHAGOSCOPY.—Dr. Mikulicz, of Vienna, describes an instrument by means of which he and Dr. Leiter have been enabled to inspect the interior of the stomach of living persons. The instrument consists of a long tube, containing an insulated double electric wire, two water-channels, a fine air-channel, and a means of electric lighting for the optical apparatus. The tube is stiff, but has an angle at the junction of its lower and middle thirds, where a reflecting prism is introduced. It is passed while the patient is in a condition of morphia-narcosis, lying on his side. The stomach is washed out through the water-channels and air is pumped in through the air-channel to afford a fit medium for the inspection. Dr. Mikulicz has hitherto confined his examinations almost entirely to healthy individuals, and therefore is not yet in position to offer much information on the value of the gastroscope for diagnostic purposes. He intends shortly to publish an article in the *Wiener Med. Zeitschrift*, with a much more complete description and sketches of his instrument.—*Lond. Pract.*

NEW TROCAR FOR OVARIOTOMY.—At the Société de Chirurgie M. Dupony exhibited a new trocar for ovariectomy and which fixed the walls of the cyst during the puncture. M. Lucas, although giving every credit to his colleague for his ingenious instrument, did not consider the fixation of the walls of the cyst as absolutely necessary, and that instead of multiplying ovariectomy instruments their simplification should be sought. English surgeons reproach French ovariectomists with having a too complicated apparatus, and, with antiseptic precautions, it mattered little whether a teaspoonful or two of the liquid found its way into the peritoneum.—*Med. Press and Circular*.

A BUSINESS CHANGE.—The management and sale of the well-known Harris Electro-medical Battery has been intrusted to Messrs. G. T. Craven & Co., Nos. 141 and 143 Race Street, Cincinnati, and 536 Third Avenue, Louisville, Ky. Mr. A. C. Harris continues to personally direct their manufacture, giving the work the full benefit of his superior skill and long experience.

MRS. PARTINGTON says that "Ike has an irrigating disease; Charlotte russe broke out all over him, and if he had n't worn the Injun beads as an omelette it would doubtless have calumniated fatally."

ALMOST A PROPHECY.—In the editorial columns of the *News* of July 24, 1880, appeared the following:

Garfield writes to a friend that he is left-handed—"the left-handedest man you ever saw," he says. Hancock is a twin, and Weaver appears to have a spinal trouble. In any event we shall have a physiological theory to enunciate in November.

The time for the enunciation came; but it was July and not November, and the theory, alas! was anatomical and surgical, not a physiological one.

SEVERAL months ago a case was reported in the *Ohio Medical Recorder* in which two fingers were lost by gangrene from injecting a nevus with a few drops of nitrate of silver. Dr. W. W. Keens, of Philadelphia, reports in the *Annals of Anatomy and Surgery* a case of aneurism of the superficial palmar arch in which the injection of about ten minims of undiluted Monsel's solution was followed by gangrene of the hand, necessitating amputation at the wrist.—*J. B. M.*

DEATH FROM NERVE-STRETCHING.—Socin, Langenbeck, Billroth, Weiss, Berger, and Benedict have each killed his man through nerve-stretching in locomotor ataxia. Violence had been done the spinal cord in these cases, as was evidenced by vomiting, singultus, and paralysis of the bladder. Billroth has abandoned the operation, and Althaus considers it an unsafe measure when cardiac or respiratory diseases complicate the ataxy.

HONORS TO BROWN-SÉQUARD.—The honor of the Grand Prix Lecaze has been conferred on Prof. Brown-Séquard by the Paris Académie des Sciences. The value of this prize is ten thousand francs (four hundred pounds). It is given only in recognition of a life-long devotion to physiological science, which has resulted in important discoveries. Chauveau, Marey, Daresté have supported the honor in the past.

JOSEPH PANCOAST, M.D., Emeritus Professor of Anatomy in the Jefferson Medical College, died on Tuesday morning, March 2d, aged seventy-seven years.

SIR JAMES PAGET still suffers from the metastatic lung-trouble superinduced by his late blood-poisoning. He is at Nice.

GRAY'S ANATOMY has been translated into Chinese and published in six volumes at Fochow.

Selections.

Spinal Irritation.—According to Dr. J. S. Jewell, pure spinal irritation includes exaltation of the pain-sense in the nerves which enter the horizons of the spinal cord, which are the real seats of the affection. As a rule, except for short periods of time, there are no paresthesias—such as numbness, tingling, prickling and other morbid subjective sensations—in the sphere of distribution of the nerves in question, nor generally is marked anesthesia of the tact-sense present. But there is a true hyperalgesia or exaltation of the pain-sense, which is the more marked as the sensitive nerve-trunks involved are shorter. Hence, the most sensitive part of the surface is that lying directly over the spinal column itself.

A second point to which he calls attention is the comparative effect of a light and heavy touch, the former augmenting the pain sensibility in spinal irritation more than the latter, especially if the heavy touch is applied gradually. In this respect the contrast with the pain and soreness dependent upon inflammatory action is very characteristic.

In spinal irritation there is an absence of that regular increase of temperature, disturbance of the circulation, and swelling in or beneath the skin of the sensitive region, which are found in inflammatory conditions; and reflex irritability is rather increased than diminished. Spinal irritation can seldom be traced definitely to physical injury of the spinal column, and seldom or never includes paralysis, either of motion or sensibility in uncomplicated cases, either in parts which receive these nerves from the affected zones of the cord or from parts which are below or behind them.

Spinal irritation is usually found in persons of nervous temperament and having more or less distinct symptoms of nerve-exhaustion. It generally affects only certain horizons or zones of the cord, not its whole length. The pain is nearly always described by the patients as being a "tired pain," which is more or less perfectly relieved by rest in an easy posture and aggravated by exercise.

Dr. Jewell seems to consider this sensation of fatigue and exhaustion as really indicative of the pathological condition, which includes therefore, first of all, a nutritive lesion, the waste having exceeded the repair in the nutrition of the cord. He believes that there is actual leanness or wasting of the nervous tissue, with a corresponding diminution of energy or power, just as in the case of a wasted muscle. When any part of the spinal cord is habitually over-excited or over-worked, thus wearing faster than repairs are supplied, there will be loss of volume and power, and there will be an irritation which is manifested at first merely by a feeling of fatigue, but later by pain, if the process is carried further. If by rest and nourishment repairs take place, not only the pain but the fatigue disappears. But if otherwise, the waste is great, and it is impossible to secure the necessary repairs, then the symptoms referred to become permanent conditions.

In this condition of impaired nutrition and actual waste there may also be disturbances of the circulation. The circulation may be normal or there may be a congestion or anemia of some part of the cord. Dr. Jewell considers anemia a rare condition; but these variations are mere incidents in the course of the disorder and form no essential part of it.

He makes two distinct classes of cases according

as the cause is *over-action* or *over-excitation*. In the first class of cases the lumbar portion of the cord is most likely to be affected, the part corresponding to the lower members, and next comes the brachial zone of the cord or the part corresponding to the upper members, and, finally, the sub-occipital zone corresponding to the muscles by means of which the upper part of the cervical region of the spine is kept erect and the head balanced upon the spinal column. He has observed large numbers of cases of spinal irritation due to over-use of one or another set of these muscles.

The second class of cases, those due to *over-excitation*, is less distinctly defined. The zones of the cord, which may be the seat of irritation from this source, are almost unlimited; but the two which are most important are the pelvic and gastric zones. In this class of cases the supposition is that some organ is the seat of the disease, and that from this organ "a more or less continuous tide of irritative influence" is directed by way of its nerves into the corresponding altitude of the spinal cord." In this way inflammatory or other diseases of the uterus, ovaries, bladder, rectum, or, in the male, of the urethra, etc. may lead to exhaustion and irritation of corresponding zones of the cord, viz. the lumbar and sacral regions. Or, again, chronic, irritative affections of the stomach, duodenum, or liver may give rise to symptoms of spinal irritation in the region lying between the third and eighth dorsal vertebrae. The vertebrae from the eighth to the eleventh dorsal correspond to the small intestine; the eleventh dorsal to the second or third lumbar corresponds to the colon; and diseases of the rectum, anus, and neck of womb induce symptoms of irritation in the lower lumbar region and the coccyx.

As to treatment, if the position advanced as to the causation and pathological condition be correct, it is apparent that the first essential is to secure rest. If the irritation be due to over-use, stop the excessive action; if to over-excitation, give appropriate treatment to the irritative disease wherever situated. Then by every means at command improve the nutrition of the nerves, not only by good feeding, but by general and special tonics. Careful and effectual treatment of any irritative visceral disease is absolutely imperative when its existence and nature are determined.

Dr. Jewell lays special stress upon two points in the treatment of these cases. He has found exceedingly satisfactory effects from the persistent use of small doses of the watery extract of opium (gr. $\frac{1}{2}$ to $\frac{1}{4}$ twice daily or oftener), or the muriate or bimeconate of morphia (gr. $\frac{1}{10}$ to $\frac{1}{20}$ twice or thrice daily), antagonized by moderate doses of belladonna (gr. $\frac{1}{10}$ to $\frac{1}{20}$ of solid extract). This use of these remedies he has not found calculated to create the opium-habit, and mitigates the pain materially, and not infrequently really improves nutrition. He also has had admirable results from the application of electricity, especially the electrical-wire brush. He recommends both local and general applications of electricity. The sittings should be not oftener than once a day, and preferably in the afternoon. He generally applies a descending current from the nape of the neck downward to the feet. Sometimes in using the brush he reverses the poles, using a mild current thoroughly penciled with rapid movements of the brush at first, and making slower movements as the sitting advances, directing attention chiefly to the sensitive zones of the spine. Massage is also a valuable aid to the successful treatment.—*St. Louis Courier of Medicine.*

On Some of the Abuses of the Jacket-treatment of Spinal Disease.—The writer, while acknowledging fully the debt European surgery owes to Dr. Sayre for the able advocacy of his treatment, and granting that it is due to his exertions that in England it has come into such general use, considers that in many cases the jacket is hastily and needlessly applied, and that its employment is often actively harmful. He divides the cases in which the jacket-treatment is abused into two classes: A. Those due to a wrong selection of cases; B. Those due to wrong methods of application of the jacket.

In class A the following are given as improper instances:

1. *Simple rickety spines*, often mistaken for cases of commencing caries.
2. *Cases of simple lateral curvature*, in which the disease is perpetuated by the use of rigid support.
3. *Certain cases of true spinal caries*. In infants during the early progress of the disease the older plan of rest and horizontal position succeeds better than does any attempt to immobilize the spinal column, and is free from the risk of preventing due development of the trunk; but the jacket may be used from the first in older children with or without confinement to bed.
4. Cases in which the lungs or heart are affected, in addition to the affection of the spine.
5. Cases in which the carious spine is associated with any high degree of paralysis, incontinence of urine, etc.

In class B the following are the chief instances of misapplication of jackets:

1. *Undue heaviness*, many jackets being far too thick and strong.
2. *Use of the swing*. This apparatus is considered to be, for children, useless if not harmful, the object of extension being to allow the body to hang as straight as it may while avoiding all risks of disturbing any adhesions between consolidating vertebrae, and to bring the chest-walls into a condition of extreme inspiration. It is held that these objects are best attained by holding the child by the arms with the feet on the floor, or by the use of an inclined plane.
3. *Bad fitting and bad shaping of the jacket*. More especially neglect of the inspiratory position of chest-walls, insufficient hold of the jacket on the pelvis, and inaccurate fitting to the spinal curve or angle.—*Walter Pye, F.R.S., in Amer. Jour. of Obstetrics.*

Anesthetic Mixtures.—The Vienna mixture, with which eight thousand operations have been performed without an accident, consists of ether, three parts; chloroform, one part. Billroth's favorite anesthetic mixture is chloroform, three parts; ether, one part; alcohol, one part. An English mixture, known as the A. C. E. mixture, consists of alcohol, one part; chloroform, two parts; ether, three parts. Owing to the different volatility and specific gravity of the various anesthetic liquids, the vapors have necessarily a different composition from that of the mixtures themselves. The value of a mixture must therefore in part be determined empirically. Some experiments have been made in the mixing of heart-stimulants with chloroform. Sanford mixed one pound of chloroform with two drams of amyl nitrite. Others have added oil of turpentine to the chloroform. The objection so far has been that such mixtures cause a headache. *Medical Record.*

Iodoform Dressing.—At the Société de Chirurgie M. Sée stated that he had employed for some time back iodoform in dressing every kind of wounds. Today the same treatment was generally adopted in Germany, and with the best results. He uses it in every kind of ulcer, surgical wounds that will not heal by first intention, and jagged wounds in which pus stagnates easily. "I fill in these cases," said M. Sée, "the cavity with powdered iodoform, and immediately the pus ceases to be secreted." It is a very simple and easy dressing, and has none of the complication of the Lister dressing, and succeeds just as well. It has two inconveniences, however; it is dear and smells strongly. M. Després has twice employed iodoform in the dressing of wounds, and each time the patient refused the treatment on account of the bad smell it produced. He would like to know from M. Sée how long his wounds took to heal. As for him (M. Després) he would guarantee to cure any simple ulcer by rest and cataplasms. M. Terrillon said that in a journey he made to Vienna he had seen in the service of Billroth iodoform dressing employed on a large scale, and yet he did not perceive any odor in the wards. The following is how it is employed by that celebrated surgeon: A piece of ordinary gauze is taken and freed from stiffness by steeping it in warm water. When dry it is triturated in powdered iodoform and then it is ready for application. To disinfect this agent a drop or two of essence of bergamot or peppermint. In total ablation of the uterus through the vagina M. Billroth said that he had obtained excellent results from plugging the vagina with this iodoformed gauze, and renewing it every eight days. M. Verneuil considered iodoform to be an excellent topic for ulcers of a bad nature, but he did not employ it in surgical wounds. As for soft chancres, no dressing can be compared to it for efficacy and rapidity of action. These chancres are healed in three or four days. In scrofulous ulcerations the action of iodoform is also marvelous. Its bad odor can be corrected by mixing it with an equal part of powdered camphor. In a word it is a very precious agent. M. Trelat also believed that iodoform renders great services in local applications. M. Després, on the contrary, insisted that any other kind of dressing was equal to iodoform, which he considered a vulgar counterfeit of iodine. His method of treatment, although belonging to the old school, succeeded just as well, and cost less. M. Sée terminated the discussion by thanking the members for their valuable information, and added that the iodoform succeeded just as well in deep-seated lesions as in those on the surface, for he had seen white fungous swelling of the knee-joint cured by injections of this agent dissolved in ether.—*Cor. Med. Press and Circular.*

Nutrient Suppositories.—In the British Med. Journal of February 19, 1881, is a short description of a plan of rectal feeding which appeared to me to have many advantages over the usual one, of enemata. It is unnecessary to point out the several objections to the latter. My suggestion, based on many experiments, resolved itself into this. Artificially digested meat is mixed with a little wax and starch, and made into a suppository. The practical difficulties of the process were successfully overcome by Mr. Frank Slinger, F.C.S., of the firm of Slinger and Son, of this city (York).

These suppositories are of such a size that the digested and extracted product of twenty ounces of

meat from which the insoluble matter is removed is contained in about five suppositories. The convenience of this method is very great. It is easy for most patients to introduce them themselves; and their use is attended with no discomfort whatever in the majority of cases. After an hour or two the waxy basis is frequently returned, the peptone and extractive being absorbed. In some few cases, owing to irritability of the rectum, the whole suppository has returned; but this can be obviated by the addition of a little opium to each suppository.

I have had excellent results in the use of nutrient suppositories in cases of gastric ulcer, stopping all food by the mouth for a fortnight or so, and ordering the patients to insert a suppository every four hours. Great relief was obtained by the same means, in a case of cirrhosis of the liver, where gastric irritation was a prominent symptom. Several gentlemen have communicated to me notes of cases where equally good results were obtained. Mr. Spurgin, of Maryport, was enabled to prolong the life of an old lady suffering from gastric carcinoma for some weeks after she appeared to be sinking. An immediate improvement took place as regarded the pain, sickness, and prostration, and the patient was enabled to sit up and make her will. Mr. McGill, of Leeds, reports two cases of gastrostomy in the *Lancet* of December 3d, in which he found the suppositories of the utmost value. Mr. Weekes, of York, has now under his care a case of gastric ulcer, in which they have been retained after carefully administered enemata had returned. It is true that the amount of food administrable in this way is very small, but every practitioner who has had cases of obstinate vomiting under his care knows how minute a quantity of nutriment will "keep body and soul together" for several weeks or months.—*H. E. Spencer, L.R.C.P.E., in London Practitioner.*

The Bone-conduction of Sound.—In the New York Med. Journal and Obstetrical Review for February, 1882, Dr. J. A. Andrews, Assistant Surgeon to the Manhattan Eye and Ear Hospital, gives an account of his investigations in regard to the intermittent perception of sound as conveyed through the cranial bones, the observations having been mostly clinical, largely with the use of the tuning-fork. In order that an explanation for the phenomenon of intermittent bone-conduction may be understood, he thus formulates the points in differential diagnosis between an affection of the middle ear and one of the labyrinth, as evidenced by examination with the tuning-fork: 1. If a vibrating tuning-fork, c, be placed between the teeth, the hearing power being normal on one side and diminished on the other, and its tone be intensified in the ear of which the hearing power is diminished, the cause is seated in the external or middle ear and the labyrinth is unaffected. 2. If the hearing power be impaired in both ears, and the sound of the tuning-fork be heard better in the worse ear, and intensified on closure of the ear of which the hearing power is most impaired, the cause is still located in the middle ear. 3. If under either of the above-mentioned conditions the vibrations of the tuning-fork be not heard better in that ear of which the hearing power is most impaired, even if its meatus be closed with the finger, and middle-ear disease as a cause can be excluded, there is an affection of the central apparatus of hearing. If the tone of the tuning-fork be still intensified by closure of the ear of which the hearing power is least impaired, there is disease of

the central apparatus on one side only. Should the sound of the tuning-fork not be intensified by closure of either ear, then the disease is on both sides, and has its seat in the labyrinth or in the brain.

In the first and second propositions the increased resonance results from the reflection of the vibration from the cranial bones upon the nerve. In the third proposition the reflection or condensation of the vibrations of the tuning-fork upon the nerve when the meatus is closed does not intensify their perception, because the function of the auditory nerve itself and not that of the conducting apparatus is impaired. The peculiarity that in some cases of middle-ear disease the watch is not heard by bone-conduction, and in other cases examination with the tuning-fork gives the signs of labyrinth disease—i. e. the tuning-fork being heard by bone-conduction better in the ear which is normal as to hearing power, therefore diminished instead of increased in the ear of which the hearing capacity is impaired—can not, it seems to him, be explained by assuming an interference with the conduction through the chain of ossicles. He inclines to the belief, based upon experiments, that this phenomenon is due to increased intra-labyrinthine pressure, brought about in those cases of middle-ear disease in which there is an accumulation of fluid in the tympanum, or the membrana tympani is much depressed, in the former instance by the fluid in the cavity acting on the oval or round window, or both, and in the latter instance by the plate of the stapes being forced against the membrane in the oval window. In both cases the terminations of the acoustic nerve suffer a mechanical irritation which gives rise on the one hand to subjective noises in the ear, and on the other hand annuls the perception of certain tones. Extreme pressure upon these parts may so interfere with intra-labyrinthine vibrations as to completely obliterate bone-conduction for the tuning-fork.

Ophthalmic Megrim.—In a recent article in the London Lancet Dr. Xavier Galezowski, of Paris, relates four cases, which tend to show that ophthalmic megrim, which has generally been considered as a mere nervous symptom, may lead to organic changes in the retina or retinal vessels. In two cases there was thrombosis of the central artery of the retina, in the third case there was neuro-retinitis with capillary thrombosis, and in the fourth case there was atrophy of the left disk. Dr. Galezowski is of the opinion that ophthalmic megrim is an affection of that part of the fifth pair which supplies vasomotor nerves either to the visual centers, such as the corpora quadrigemina, the corpora geniculata of the optic thalami and the chiasma, or to the parts lying more peripherally, such as the optic nerves and the retina.—*J. B. M.*

Treatment of Pleurisy with Jaborandi.—Prof. Bouchut (*Med. Chir. Rundschau*) has obtained good results from the use of jaborandi in pleurisy. He gives the following details of a case: A girl, aged seven, was brought on the 5th of February to the hospital; for two days she had experienced rigors, fever, headache, and vomiting. At the time of admission she had an evening temperature of 38.2° C., the pulse-rate being 95; there was much dyspnea and the patient complained of a "stitch" in her left side. Examination showed that there was pleurisy with exudation on the left side, with displacement of the heart, the apex beat being felt one centimeter from the sternum. On the 6th of February three grams of jaborandi were

given; in the evening there was no stitch and no dyspnea. On the 7th of February it was noted that the patient had passed a good night, and that there was no increase in the exudation. Jaborandi three grams. On the 8th of February vesicular breathing was audible as far as the middle of the sternum. Jaborandi three grams. On the 9th of February vesicular breathing could be heard all over the chest; the heart was in its normal position; there was no fever. On the 10th of February all the symptoms of pleurisy had vanished. The patient continued to take three grams of jaborandi daily until the 20th. The exudation did not return, and there was complete recovery. The author adds, as a warning, that jaborandi acts chiefly upon the salivary glands in children, and only slightly upon the sudoriparous glands.—*Lond. Pract.*

Hernia of the Ovary in the Inguinal Region. A little girl, aged six months, was brought to the service of Prof. Beckel, of Strasburg, presenting in the left inguinal region a tumor of the size of a pigeon's egg. The skin which covered it was red and inflamed, the tumor itself was hard, very painful, and irreducible. It was situated at the external orifice of the inguinal canal. It was perceived for the first time three months ago, and was then about the size of a nut, and being reduced by a medical man it did not make its reappearance until a fortnight before admission into the hospital. The child cried day and night, vomited frequently, and got thin. The bowels continued to act tolerably well. On examination hernia of the ovary was diagnosed, and chloroform being administered, reduction having become impossible, an incision was made over the tumor, dividing the skin and subcutaneous cellular tissue, when the ovary was brought to view, enveloped in its sac. Incision of this sac gave exit to a few drops of colorless liquid. A silk ligature was thrown around the pedicle, which was formed of the fallopian tube. The wound was dressed antiseptically, and at the end of nine days the ligature fell, and the cure was complete at the end of thirty days. The section of that ovary included half an inch of the fallopian tube.—*Paris Cor. Med. Press and Circular.*

Sutures in Recent Ruptures of the Perineum. Dr. Veit advocates the immediate union of even the lesser ruptures of the perineum. To accomplish this there is need of no elaborate armamentarium—only needles and scissors are necessary. Dr. Veit recommends to begin at the perineum with the sutures; avoid deep vaginal sutures, and all superficial ones are unnecessary. After bringing the rectal mucous membrane together the needle is passed through the perineum behind the frenulum and carried along parallel to the rupture in the vagina to the end, where it is brought through the skin. Other deep sutures can be entered under this; superficial stitches, if necessary, are placed between the deeper ones. Chloroform is only necessary in cases that are not operated upon immediately post partum.—*Medical Press and Circular.*

Tannin in Nasal Polypus.—M. Stanislas Martin states that in six cases he has known injections of officinal tannin, one part to ten of distilled water, morning and evening, prove very efficacious in mucous nasal polypi. If it be continued for some time a tannate will be formed, which will become detached restoring respiration by the nostrils.—*Bull. de Therap.; Med. Times and Gazette.*





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("MOUNTAIN SAGE.") *Artemisia Frigida*. Fluid extract of the herb. Dose, one to two fluid drams. **Diaphoretic and diuretic.**

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